

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

16834 U.S. PTO  
10/680208  
  
100803

**Utility Patent Application Transmittal**  
(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No: 115-34US/12667/100119

First Inventor: Alan J.A. Trainor

Title: Module Integration Integrated Circuits

**Application Elements:**

- |    |                                     |   |                |    |
|----|-------------------------------------|---|----------------|----|
| 1. | <input checked="" type="checkbox"/> | Fee Calculation (see Box 14)  |                |    |
| 2. | <input checked="" type="checkbox"/> | Applicant claims small entity status.   |                |    |
| 3. | <input checked="" type="checkbox"/> | Specification   | Total Pages -  | 19 |
|    |                                     | - Description   |                |    |
|    |                                     | - Claims  |                |    |
|    |                                     | - Abstract of the Disclosure  |                |    |
| 4. | <input checked="" type="checkbox"/> | Drawing(s) - (4 Figures)  | Total Sheets - | 4  |
| 5. | <input checked="" type="checkbox"/> | Oath or Declaration   | Total Pages -  | 2  |
|    | a.                                  | <input checked="" type="checkbox"/> Newly executed (original or copy)   |                |    |
|    | b.                                  | <input type="checkbox"/> Unexecuted   |                |    |
|    | c.                                  | <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br>(for continuation/divisional with Box 12 completed)  |                |    |
|    | i.                                  | <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u><br>Signed statement attached deleting inventor(s) named in<br>the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). |                |    |

**Accompanying Application Parts:**

- |     |                                     |  |                         |                          |
|-----|-------------------------------------|--|-------------------------|--------------------------|
| 6.  | <input checked="" type="checkbox"/> | Assignment Papers (cover sheet & document(s))                                    |                         |                          |
| 7.  | <input type="checkbox"/>            | Information Disclosure Statement (IDS)/PTO-1449                                  | Copies of IDS Citations | <input type="checkbox"/> |
| 8.  | <input type="checkbox"/>            | Preliminary Amendment  |                         |                          |
| 9.  | <input checked="" type="checkbox"/> | Return Receipt Postcard ( <i>Should be specifically itemized</i> )               |                         |                          |
| 10. | <input type="checkbox"/>            | Certified Copy of Priority Document(s) ( <i>if foreign priority is claimed</i> ) |                         |                          |
| 11. | <input type="checkbox"/>            | Other:   |                         |                          |

12. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation       Divisional       Continuation-in-part (CIP)  
of prior Application No.      filed  
Prior application information:      Examiner:      Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5c, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon which a portion has been inadvertently omitted from the submitted application parts.

13. CORRESPONDENCE ADDRESS: 23838

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14. FEE CALCULATION:

<input checked="" type="checkbox"/> Applicant Claims Small Entity Status				AMOUNT
1. BASIC FILING FEE				
Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
101	770.00	201	385.00	385.00
2. EXTRA CLAIM FEES				
Total Claims	32 - 20 =	12	x \$9.00 =	\$108.00
Independent Claims	3 - 3 =	0	x \$42.00 =	
Multiple Dependent				\$** =
Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	18.00	203	9.00	
102	86.00	202	43.00	
3. OTHER				
Fee Code - 581	Fee (\$) - 40.00	Recording Patent Assignment		\$40.00
TOTAL				\$533.00

15.  The Commissioner is hereby authorized to charge all fees in Box 14 above to Deposit Account 50-1142.  
16.  The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 50-1142.

Date: OCTOBER 8, 2003

Submitted By:



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